STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: Florida

Requirements for Third Party Liability-
Identifying Liable Resources

Citation

433.138(f) 52 FR 5967	Those exchanges required by CFR 433.138(d)(1), (d)(3), and (d)(4) are conducted in the following manner:
433.138(d)(1)	State Wage Information Collection Agency (SWICA) data exchanges are conducted on all active beneficiaries, employed absent parents, and custodial parents after the initial benefit determination interview and on a quarterly basis thereafter. As a result, when Third Party Liability (TPL) is identified, the data is returned to the state during the following nightly cycle. The exchange is conducted by the Florida On-Line Recipient Data Access ("FLORIDA") system and reported to the Florida Medicaid Management Information System (FMMIS).

At the time an individual applies for benefits, the state requests wage and benefit data from the Social Security Administration. A response is received by the state in 3 to 5 days. Additionally, the Social Security Administration sends updates of wage and benefit data to the state, in daily transmissions, whenever changes occur to a beneficiary's status.

The state targets cases which result in a discrepancy of $75 or more per quarter. A change in income indicates a potential change in employers which could lead to new sources of third party liability. Responses are posted in data exchange and reviews are scheduled for workers whenever the difference between the wage response and the budgeted amount is greater than $75 in a given quarter. Responses that are below the $75 threshold are targeted out (no review is scheduled). Only those targeted cases are posted for district worker action.

433.138(d)(3)	State eligibility workers are required to verify any additional income, resources or other third party resource information (IEVS) available from employers at the time of the initial benefit determination. Follow up data exchanges with the state IV-A agency are conducted on a quarterly basis.

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433.138(d)(4)   The Medicaid agency has entered into agreements with the Florida Department of Labor and Employment Security and the Department of Highway Safety and Motor Vehicles with respect to 42 CFR 433.138(d)(4).

Pursuant to the Interagency Agreement, the Medicaid agency conducts data matches at least annually with the Department of Highway Safety and Motor Vehicles to identify Medicaid recipients who received medical services as the result of a motor vehicle accident.

In addition, the Medicaid agency conducts data matches at least annually with the Department of Labor and Employment Security to identify Medicaid recipients who are injured in work related accidents.

433.138(e)   The Medicaid agency's fiscal agent identifies claims paid with a diagnosis code 800.00 to 999.99 (ICD-9-CM Series) (except those identified by waiver), and reports the claims to the Third Party Liability office for follow up. The system checks for a "trauma diagnosis code" edit every time a provider claim is entered into the FMMIS. All claims meeting the selected criteria are reported weekly to the TPL office.

433.138(g)(1)(ii)
and (2)(ii)
52 FR 5967   Information received as a result of data matches with SWICA and SSA wage and earnings files are followed up by IV-A eligibility workers within 45 days of the match when discrepancies with current information are identified.

Health insurance information received during initial application or redetermination processes for Medicaid eligibility is followed up on within 60 days of receipt of such information. Resulting third party resource information is incorporated into the eligibility case file and into the third party data base. As the information is received in the third party data base an insurance verification request is sent to the insurance company asking for policy information verification. Other insurance information is used immediately to cost avoid claims for companies that have chosen not to answer the policy information verification requests.

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Information received as a result of data matches with the state's workers compensation records is followed up within 60 days of the match. Resulting hits are followed up by sending a notice and questionnaire to the appropriate insurance carrier.

433.138(g)(3)(i) and (iii)
52 FR 5967

Potential leads identified during the data match with the Department of Highway Safety and Motor Vehicles are followed up on within 60 days of receiving the information.

All recipient third party resource information is entered into the recipient's third party data file, along with the recipient's coverage information, within 30 days of discovery.

433.138(g)(4) (i)-(iii)
52 FR 5967

The Florida Medicaid Management Information System (FMMIS) produces a Trauma Leads Report on a weekly basis which identifies those recipients who have claims paid for all trauma diagnosis codes (except those identified by waiver). The agency sends each injured recipient identified a questionnaire when paid claims are in excess of $249.99. This is the threshold amount the agency uses in determining the cost effectiveness of seeking recovery from potentially liable third parties. These questionnaires are returned to third party staff who determine the existence of a liable third party. Cases are then opened and liable third parties or their legal representatives are notified of the State's rights in the matter.

The agency does not identify and follow up on certain trauma codes to the exclusion of other codes nor does it give priority to certain trauma codes over others. All trauma leads are investigated and followed up in the same manner as described above.

The recipient's third party resources are entered into the recipient's third party data file, along with the recipient's coverage information, within 30 days of discovery.

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